

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN2505AGZ	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/08/2009
NAME OF PROVIDER OR SUPPLIER MERRILL GARDENS AT GARDNERVILL		STREET ADDRESS, CITY, STATE, ZIP CODE 1565 VIRGINIA RANCH RD GARDNERVILLE, NV 89410		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure conducted in your facility on July 8, 2009. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 128 Residential Facility for Group beds for elderly and disabled persons, Category II residents and 24 persons with Alzheimer's disease, Category II residents. The census at the time of the survey was fifty. Fifty resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 255	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on observation and interview on 7/8/9, the facility failed to ensure the kitchen complied with the standards prescribed in chapter 446 of NAC:</p> <ul style="list-style-type: none"> - Badly dented cans in the can rack. - Proper hygiene not demonstrated by staff: touching cooking surfaces after touching non-cooking surfaces without hand washing in between, applying gloves without handwashing. - Surfaces of dry food storage containers and kitchen equipment not kept clean. - Dish machine gauge could not be read due to condensation. - Installation of ice cream dipper well not completed. - Use metal bracing under garbage disposal instead of wood blocks. - Milk crates being used for storage in walk-in freezer and dry storage instead of commercial racks. - Bumper guard on end of dishwash machine was torn./ - Floors of the kitchen and dry storage area had accumulations of food debris. <p>Severity: 2 Scope: 3</p>	Y 255		

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